

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90227 003 ***150.00

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1. Entity Name

TRADING POST LAND COMPANY, INC.



Principal Place of Business

269 N.W. 9TH ST.

OKEECHOBEE, FL 34972

Mailing Address

269 N.W. 9TH ST.

OKEECHOBEE, FL 34972

00001698



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3616378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALPOLE, EDWIN E III

269 N.W. 9TH ST.

OKEECHOBEE, FL 34972

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WALPOLE, EDWIN E III
STREET ADDRESS 269 N.W. 9TH STREET
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE VP
NAME WALPOLE, EDWIN E IV
STREET ADDRESS 4201 N WILLIAMS ROAD
CITY-ST-ZIP TAMPA, FL 33610

TITLE ST
NAME WALPOLE, KEITH
STREET ADDRESS 269 N.W. 9TH ST
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edwin E. Walpole III

1-9-06 8637635593